

DOUGLAS COUNTY BENEFITS GUIDE



June 1, 2023 – May 31, 2024



BENEFIT BASICS



Here at Douglas County, you have access to a variety of benefits to provide financial wellness for you and your family. Please read this guide to learn more about your benefits.

Eligibility

Most employees are eligible for the benefits described in this guide. You are eligible for benefits if you work at least 20 hours per week. Most of your benefits are effective on the first day of the month following your date of hire. Your dependents can also enroll for coverage, including:

- Your legal spouse
- Your children up to age 26.

Douglas County's plan year is June 1st through May 31st each year. Remember that outside of your annual open enrollment, you may only change coverage if you experience a qualifying life event, as described below.

Qualifying Life Events

Generally, you may only make or change your existing benefit elections during the open enrollment window. However, you may change your benefit elections during the year if you experience an event such as:

- Marriage
- Divorce or legal separation
- Birth of your child
- Death of your spouse or dependent child
- Adoption of or placement for adoption of your child
- Change in employment status of employee, spouse or dependent child
- Qualification by the Plan Administrator of a child support order for medical coverage
- New entitlement to Medicare or Medicaid
- Spouse's or dependent's open enrollment

You must notify Human Resources within 31 days of a qualifying life event. If you do not contact Human Resources within 31 days of the qualified event, you will have to wait until the next open enrollment window to make changes (unless you experience another qualifying life event). You may email kfouraker@douglascountyks.org with your requested change.

For More Information About Your Benefits

Phone: 785-832-5327

Email: kfouraker@douglascountyks.org

Voluntary Benefits: Benefits Direct website at

<http://mybenefitsportal.com/douglas/>



BENEFIT COSTS

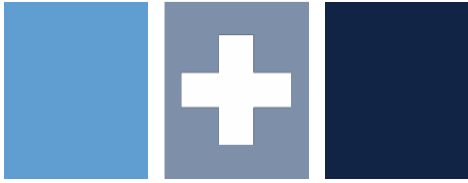


Your employer pays for some of your benefits and you share the cost for others, as shown below:

| BENEFIT | WHO PAYS | TAX TREATMENT |
|--|--------------|-----------------|
| Medical Coverage – Cigna/Trustmark | County & You | Pretax |
| First Stop Health Telemedicine | County | N/A |
| Dental Coverage – Delta Dental of Kansas | County & You | Pretax |
| Vision Coverage – Benefits Direct | You | Pretax |
| Basic Life Insurance (worth 1.5 times annual salary) - KPERS | County | N/A |
| Voluntary Life Insurance – KPERS | You | After-tax |
| Long Term Disability Coverage - KPERS | County | N/A |
| Flexible Spending Accounts – Benefits Direct | You | Pretax |
| Kansas Public Employee Retirement System (KPERS) | County & You | Pre federal tax |
| Voluntary Benefits – Benefits Direct | You | After-tax |



HEALTH CARE COVERAGE



Your Health Care Plan

Douglas County's medical plans are self-insured, using Trustmark to administrator medical claims and Cigna as the plan's Network for both the PPO and HRA plans.

Prescription drug claims are administered by Elixir. Dental claims are administered by Delta Dental of Kansas.

In/Out-of-Network Coverage

The medical plans feature in and out-of-network coverage; individual and family deductibles; copays; coinsurance; and out-of-pocket maximums. If you don't understand some of these terms, please refer to the Glossary.

You may use in- or out-of-network providers. You will always pay less if you see a doctor or receive services within the Cigna provider network because the plan pays more "in-network."

Deductible

You must meet an annual deductible before the medical plan begins to cover a portion of your costs. Once the deductible is met, the medical plan begins to pay for a percentage of covered expenses (this is called coinsurance).

Out-of-pocket maximums

An Out-of-pocket maximum applies to the plans. This is the maximum amount you will pay for health care costs in a calendar year. Once you have reached the out-of-pocket maximum, the plan will fully cover eligible medical and prescription drug expenses for the rest of the plan year. **If you see an out-of-network provider, you may be responsible for out-of-pocket costs considered above the "reasonable and customary" fees.**



PPO Medical & Rx



| PPO Per Pay Check Contributions June 1, 2023 – May 31, 2024 | | |
|--|---------|-------------|
| Tier | EE Cost | County Cost |
| EE Only | \$43 | \$360 |
| EE + Spouse | \$163 | \$642 |
| EE + Child(ren) | \$145 | \$579 |
| Family | \$235 | \$931 |

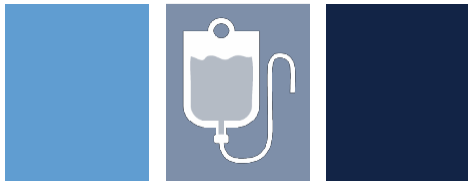
| Plan Provision | In-Network | Out-of-network |
|--|--|--------------------------------------|
| Annual Deductible - Medical (Individual/Family) | \$1,000 / \$1,500 | \$1,500 / \$2,250 |
| Out-of-Pocket Maximum – Medical Individual/Family (Includes medical deductible, coinsurance and copays) | \$3,200 / \$5,500 | \$6,400 / \$11,000 |
| Lifetime Maximum | Unlimited | |
| Preventive Care | 100% | 100%* |
| Primary Physician/Specialist Office Visit Copay | \$25 / \$50 | 50%* after deductible |
| Chiropractic Care - \$500 plan year maximum benefit | 70% up to \$25 max benefit per visit | 50% up to \$25 max benefit per visit |
| X-Ray and Lab | 80% after deductible | 50%* after deductible |
| Inpatient/outpatient Hospital Services | 80% after deductible | 50%* after deductible |
| Vision Exam (\$50 maximum reimbursement for purchase of eyewear – send receipt to Human Resources) | 100% - once per plan year | 100% - once per plan year |
| Urgent Care | \$25 copay then 80% | 50%* after deductible |
| Emergency Room Visit | \$200 copay then 80%, deductible waived (co-pay waived if admitted) | |
| Hearing Aids | 80% max benefit \$2,000 every 3 years | |
| Prescription Drug Out-of-Pocket Maximum (Individual/Family) | \$5,100 / \$11,200 | |
| Retail Prescription Drugs | 30 Day Supply | 90 Day Supply |
| Generic <\$100 | \$25 copay | Generic <\$300 \$75 copay |
| Generic >\$100 | \$50 copay | Generic >\$300 \$150 copay |
| Brand Preferred | \$60 copay | Brand Preferred \$180 copay |
| Brand Non-preferred | \$80 copay | Brand Non-preferred \$240 copay |
| Specialty Prescription Drugs | 20% Copay (\$35 minimum/\$200 maximum per fill) | |



*Note: Out-of-network services are based on reasonable and customary (R&C) charges. You may be billed for anything over R&C.

HRA Medical & Rx

Health Reimbursement Account



HRA Per Pay Check Contributions June 1, 2023– May 31, 2024

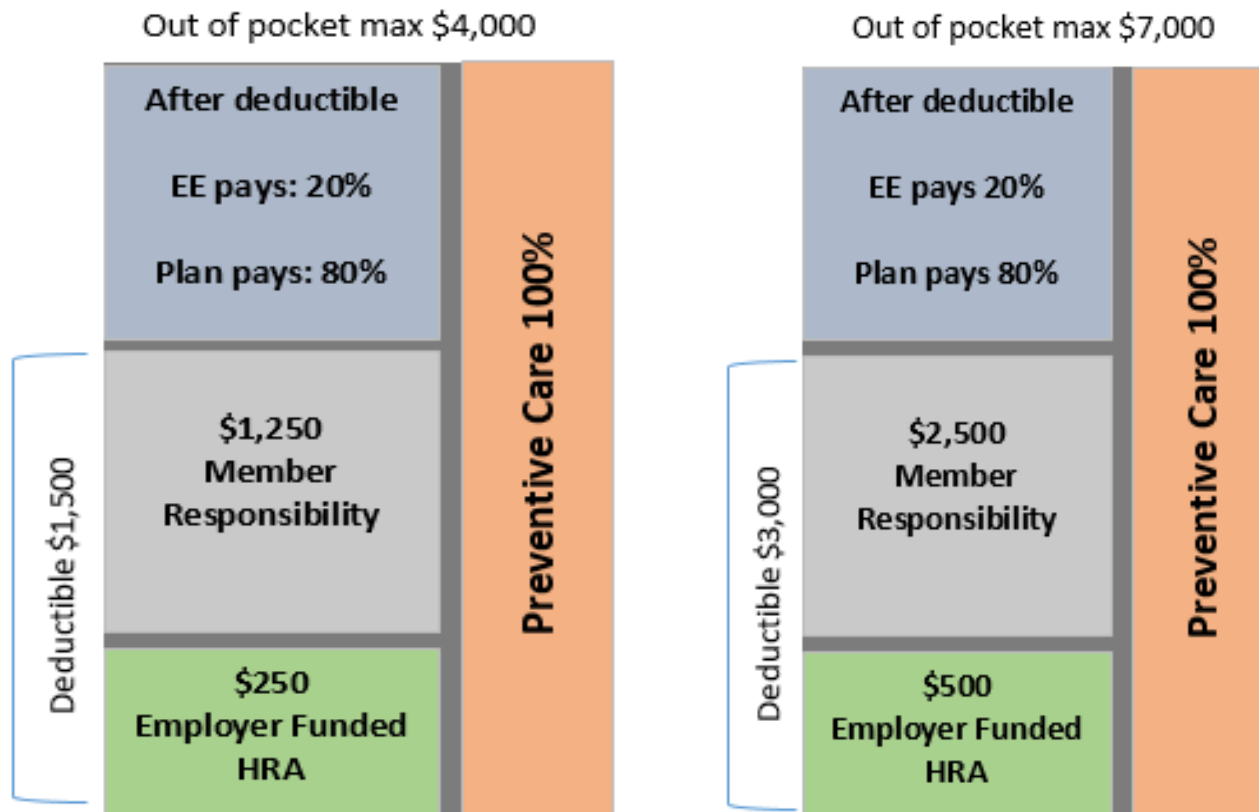
| Tier | EE Cost | County Cost |
|-----------------|---------|-------------|
| EE Only | \$31 | \$357 |
| EE + Spouse | \$116 | \$659 |
| EE + Child(ren) | \$105 | \$593 |
| Family | \$169 | \$955 |

| Plan Provision | In-Network | Out-of-network |
|--|--|--------------------------------------|
| Annual Deductible - Medical (Individual/Family) | \$1,500 / \$3,000 | \$2,250 / \$4,500 |
| Out-of-Pocket Maximum – Medical Individual/Family (Includes medical deductible, coinsurance and copays) | \$4,000 / \$7,000 | \$8,000 / \$14,000 |
| HRA County Contribution | \$250 / \$500 | |
| Lifetime Maximum | Unlimited | |
| Preventive Care | 100% | 100%* |
| Primary Physician/Specialist Office Visit Copay | 80% after deductible | 50%* after deductible |
| Chiropractic Care - \$500 plan year maximum benefit | 70% up to \$25 max benefit per visit | 50% up to \$25 max benefit per visit |
| X-Ray and Lab | 80% after deductible | 50%* after deductible |
| Inpatient/outpatient Hospital Services | 80% after deductible | 50%* after deductible |
| Vision Exam (\$50 maximum reimbursement for purchase of eyewear – send receipt to Human Resources) | 100% - once per plan year | 100% - once per plan year |
| Urgent Care | 80% after deductible | 50%* after deductible |
| Emergency Room Visit | \$200 copay then 80%, deductible waived (co-pay waived if admitted) | |
| Hearing Aids | 80% after deductible, max benefit \$2,000 every 3 years | |
| Prescription Drug Out-of-Pocket Maximum (Individual/Family) | \$5,100/ \$11,200 | |
| Retail Prescription Drugs | 30 Day Supply | 90 Day Supply |
| Generic <\$100 | \$25 copay | Generic <\$300 \$75 copay |
| Generic >\$100 | \$50 copay | Generic >\$300 \$150 copay |
| Brand Preferred | \$60 copay | Brand Preferred \$180 copay |
| Brand Non-preferred | \$80 copay | Brand Non-preferred \$240 copay |
| Specialty Prescription Drugs | 20% Copay (\$35 minimum/\$200 maximum per fill) | |



*Note: Out-of-network services are based on reasonable and customary (R&C) charges. You may be billed for anything over R&C.

HRA Plan Details



- County funds \$250 to the HRA for an individual and \$500 for a family.
- Funds available for use on 1st of month following hire date for medical claims only (cannot be used for Rx or Dental).
- HRA funds help offset a portion of the deductible.
- **Acute care office visits subject to deductible (no copayment)**
- Preventive (routine) paid at 100% by the plan (will not use HRA funds).
- Claims for non-preventive services paid for with funds out of the HRA until exhausted.
- Once HRA funds exhausted, member pays the costs of claims until deductible is met.
- After deductible, eligible in-network claims paid at 80% by the plan (employee pays 20%).
- Continue paying 20% of all in-network claims until the out of pocket maximum reached.
- **One family member can use all of the HRA funds in a family plan.**
- No one on a family plan will have to meet more than an individual deductible or out of pocket maximum.
- Unused HRA funds rolled over from year to year. Maximum rollover \$750 / \$1,500 (Ind./Family). Will be evaluated each year.

TELEMEDICINE



First Stop Health will continue to provide Telemedicine benefits at no cost to you or your family members. Telemedicine can be a convenient way to get medical care for illnesses such as sore throat, cough, sinus infection, skin infections, ear aches and more.

| Top Reasons to call First Stop Health | |
|---------------------------------------|-------------------------|
| Sore Throat | Cough |
| Sinus Infection | Skin Rash |
| Eye Infection | Ear Ache |
| Upset Stomach | Muscle/Joint Pain |
| Medication Refill | Urinary Tract Infection |

What to Expect:

- Available 24/7/365
- No registration required, just call!
- Unlimited consultations
- U.S.- based physicians
- No copays or fees to use the service
- Physicians licensed in 49 states (AR excluded)
- 86% of calls to First Stop Health prevent unnecessary trips to doctors' offices and ERs
- Includes immediate family members
- Confidential medical dashboard with record of consultations + tools to upload and share medical records

1-888-691-7867 www.fshealth.com



Pharmacy Advocate Program



Tria Health's pharmacists act as your personal medication experts and work with you and your physician to reduce the risk of medication-related problems.

Tria Health is a FREE pharmacy advocacy program offered by Douglas County:

Confidential phone consultation with a pharmacist to ensure:

- Your medications aren't interacting with one another in a way that is unsafe or ineffective
- Medications control your condition the right way

Active participants in the Pharmacy Advocate Program are eligible to receive discounted copays on select medications that are used to treat the conditions targeted through the Pharmacy Advocate Program.

Who can enroll?

Any employee or family member enrolled in the Douglas County Medical/Rx plan who:

- Takes multiple medications or
- Has at least one chronic condition

Active participants will receive FREE generics and 50% off select brand medications.

Targeted Conditions:

- Asthma/COPD
- Chronic Pain
- Diabetes
- Heart Disease
- High Blood Pressure
- High Cholesterol
- Mental Health
- Migraines
- Osteoporosis
- Specialty Medications

Getting Started in the Pharmacy Advocate Program:

1. Enroll Online

triahealth.com/enroll

You may request a paper enrollment form by calling the Tria Help Desk at 888-799-8742.

After you enroll, Tria will call you to schedule an appointment to speak with a Tria pharmacist.

2. Speak with Your Tria Health Pharmacist

Confidentially speak one-on-one with a Tria pharmacist to review all of your medications (including over-the-counter and herbal supplements).

3. Personalized Resources for You

Receive a summary of recommendations that were made by your Tria pharmacist and a pocket-sized "Tria Med Card" to help you keep track of your medications.



DENTAL PLAN



Your dental plan provides coverage for routine exams and cleanings and pays for a portion of other services, as shown in the chart below.

It's important to have regular dental exams and cleanings so problems are detected before they become painful—and expensive. Keeping your teeth and gums clean and healthy will help prevent most tooth decay and periodontal disease, and is an important part of maintaining your medical health. Dependent children are eligible for coverage to the end of the month in which they reach age 26. You have a choice of one dental plan. This chart below outlines plan design:

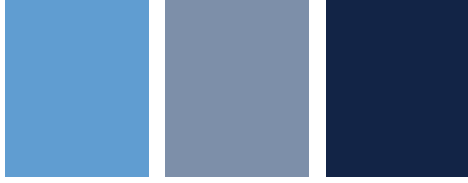
| PROVISION | COVERAGE |
|---|---|
| Annual deductible Individual/Family | \$50 / \$150 |
| Annual Maximum per person | \$2,000 |
| Diagnostic and Preventive, to include cleanings, fluoride treatments, sealants and x-rays | 100%, no deductible (Not included in annual max) |
| Basic Services to include fillings, periodontics, scaling and root planning | 80%* |
| Major Services to include crowns, bridges, implants, full and partial dentures | 50%* |
| Orthodontia Adults & Children | \$1,500 lifetime max per person |
| *After annual deductible | |

Dental Per Pay Check Contributions June 1, 2023 – May 31, 2024

| Tier | EE Cost | County Cost |
|----------------|---------|-------------|
| Employee Only | \$1.55 | \$15 |
| EE + Spouse | \$7.25 | \$26 |
| EE + Chid(ren) | \$6.25 | \$23 |
| Family | \$9.25 | \$38 |



VOLUNTARY BENEFITS



BenefitsDirect

Douglas County offers a variety of voluntary worksite policies; managed by Benefits Direct. The following pages summarize each benefit. For details, including cost and enrollment visit the Benefits Direct enrollment portal below.

The following voluntary benefits are offered through Benefits Direct:

- Vision
- Flexible Spending
- Group Term Life Insurance
- Critical Illness
- Short Term Disability
- Accident Insurance
- Hospital Indemnity
- Limited Benefit Term and Long-Term Care Plan
- Identity Protection
- Cancer Policy
- Legal
- Emergency Medical Transport – **NEW BENEFIT OPTION for 2023-2024**

PLEASE NOTE: Benefits Direct's online enrollment tool, TURNKEY, must be used for all medical enrollment changes and for all voluntary benefits (INCLUDING FLEXIBLE SPENDING – WHICH REQUIRES RE-ENROLLMENT EACH YEAR TO PARTICIPATE). See page 18 for more detailed information.

- Go to <http://amerilife.benselect.com/douglas>
- **USER ID** = first initial + last name + last 4 digits of SSN (case sensitive)
- **PIN** = last four of SSN + last 2 digits of birth year (no dashes)

To help facilitate the enrollment process, gather dependent and beneficiary information and allow 20 minutes to complete the enrollment process. All enrollment forms can be signed and submitted electronically through this enrollment platform.

For questions about benefits or help with enrollment, please contact Benefits Direct at 833-890-4057.



VOLUNTARY BENEFITS – FLEXIBLE SPENDING



A Flexible Spending Account (FSA) is a program that helps you pay for health care and dependent care costs using tax free dollars. FLEX MADE EASY is the administrator through Benefits Direct. You MUST enroll each year in you want to participate – deductions do NOT carry over from year to year.

You decide how much money you would like to contribute to one or both accounts. Your contribution is divided equally each pay period and deducted from your paycheck on a pretax basis and is put into the Health Care FSA, the Dependent Care FSA, or both. When you incur expenses, you can access the funds in your account to pay for eligible health care or dependent care expenses.

The Health Care FSA elected contributions are available immediately. Dependent Care FSA elected contributions are available as payroll deductions fund the FSA.

| | Medical Flexible Spending | Dependent Care Flexible Spending |
|---------------------|---|---|
| Tax Savings Program | ✓ | ✓ |
| Qualifying Expense | Medical co-pays, deductibles, Rx, Vision, Orthodontics, Lasik, certain over the counter meds | Daycare expenses to age 13, care for disabled spouse or dependent over 13 |
| Exclusions* | Cosmetic procedures, toothpaste, literature | Summer school, kindergarten tuition, food expenses |
| Debit Card | ✓ (fax or upload receipts on the mobile app) | Manual claim filing |
| Maximum Election | \$3,050 (per employee) | \$5,000 (per household) |
| Funds Available | First of the month following hire date | As they are deposited |
| Roll over | ✓ Up to \$610 | Use it or lose it |
| | <ul style="list-style-type: none"> • Must incur expenses by May 31st • August 31st is deadline to request reimbursement for expenses incurred in prior year | |

*For a complete list of allowable expenses and exclusions, visit www.flexmadeeasy.com

To enroll in flexible spending, log onto Benefits Direct web based enrollment site. See instructions on page 21.



VOLUNTARY BENEFITS - VISION



| Voluntary Vision Monthly Premium | |
|----------------------------------|---------|
| Employee | \$8.56 |
| Employee + Spouse | \$15.22 |
| Employee & Child(ren) | \$15.54 |
| Family | \$25.07 |



Your vision plan pays for all or a portion of the cost of an eye exam and materials, to include, glasses or contact lenses. **Coverage for eye exams is provided under the medical plan.**

Your vision plan is provided through VSP. It provides coverage of an eye exam once a year, materials for the cost of glasses or contact lenses. You can see in- or out-of-network providers; however, you always save money if you see in-network providers.

| BENEFIT | IN-NETWORK |
|---|---|
| Exam | \$10 copay |
| Prescription Glasses | \$25 copay |
| Frequency Exam Lenses Frames | Every plan year Every plan year Every other plan year |
| Frames | <ul style="list-style-type: none"> • \$130 allowance for a wide selection of frames • \$150 allowance for featured frame brands • 2% savings on the amount over your allowance • \$70 Walmart frame allowance |
| Lenses Single vision lenses bifocal lenses trifocal lenses | Covered 100% Covered 100% Covered 100% |
| Lens Enhancements Standard progressive lenses Premium progressive lenses Custom progressive lenses | <ul style="list-style-type: none"> • \$55 • \$95-\$105 • \$150-\$175 |
| Elective contact lenses in lieu of glasses | Up to \$130 allowance (copay doesn't apply) |



ADDITIONAL VOLUNTARY BENEFITS



VOLUNTARY GROUP TERM LIFE INSURANCE

Life Insurance is an important part of your financial security, especially if you have a family.

During this year's open enrollment if you are under age 60 you can increase your life insurance up to \$50,000 up to the original guaranteed issue amount of \$100,000 with no health questions. If you are over 60 you can increase up to \$10,000. If your spouse is under 60 you can increase their coverage up to \$10,000 up to the original GI amount of \$30,000.

COVERAGE AND BENEFITS

| | |
|---|---|
| Employee and Spouse | Choose from a minimum of \$10,000 to a maximum of \$150,000 for yourself and/or your spouse |
| Children Age 14 days to 6 months | \$1,000 |
| Children 6 months to 20 years of age (26, if full time student) | \$10,000 |

VOLUNTARY ACCIDENT INSURANCE

Group Voluntary Accident Insurance can help with out of pocket expenses for unexpected accidents.

Coverage is guarantee issue during open enrollment.

COVERAGE AND BENEFITS

Provides benefit based on the injury you sustain and the various treatment and services received dues to a covered accident.

Benefit will increase covered benefits by 20% for a child who has an accident while playing an organized sport. The plan also includes accidental death and dismemberment benefit.

VOLUNTARY CRITICAL ILLNESS

Group Voluntary Critical Illness can pay benefits for non-medical, critical illness-related expenses your medical plan might not cover. The Critical Illness benefit is in the form of a lump sum payment, which is paid to the employee after a diagnosis is made.

Guaranteed Issue subject to 12 month pre-existing condition limitation. If you were previously covered by Loyal American you will be given credit towards satisfying the pre-existing imitation.

COVERAGE AND BENEFITS

Provides a lump sum benefit should covered participant experience a critical illness such as a heart attack, stroke, organ transplant, paralysis, severe burn, coma, renal failure.

May elect a coverage amount from \$5,000 up to a \$50,000 of coverage. This plan also includes a \$50 annual health screening benefits after being on the plan for 60 days.

SHORT TERM DISABILITY

Disability income protection insurance provides a benefit for "short term" disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to a maximum benefit period

COVERAGE AND BENEFITS

SHORT-TERM DISABILITY

Elect a weekly benefit in increments of \$25, from a minimum of \$100 up to a maximum benefit of \$1,250 per week, not to exceed 60% of your covered earnings (rounded to the next lower increment)

Choose your Maximum Benefit Duration:
 Option 1: Maximum Benefit Period 24 weeks
 Option 2: Maximum Benefit Period 22 weeks
 Option 3: Maximum Benefit Period 17 weeks

ADDITIONAL VOLUNTARY BENEFITS



HOSPITAL INDEMNITY

Hospital Indemnity can help with out of pocket expenses due to hospital confinement due to an illness or an injury.

Guarantee issue during open enrollment.

COVERAGE AND BENEFITS

Provides benefit payments directly to the insured to help pay for out of pocket expenses like co-pays and deductibles when admitted to the hospital for any sickness or injury.

Hospital/ICU Admission:

\$500 per admission, limited to 1 admission per insured and 2 admission per covered family per benefit year.

Hospital/ICU Confinement:

\$100/\$200 per day, limited to 30 days per insured per benefit year.

LIMITED BENEFIT TERM AND LONG TERM CARE PLAN

Limited benefit term and Long Term Care Plan provides a combination of life insurance with the option to utilize a portion of the life insurance should you be confined to a long term care facility.

IDENTITY PROTECTION

Identity Protection provides comprehensive identity theft defense includes credit monitoring and restoration from identity fraud.

CANCER POLICY

Cancer Policy can help with out of pocket expenses due the diagnosis and treatment of cancer.

Guaranteed Issue subject to 12 month pre-existing condition limitation. If you were previously covered by Loyal American you will be given credit towards satisfying the pre-existing limitation.

COVERAGE AND BENEFITS

Provides benefit payments directly to the insured to help pay for out of pocket expenses like co-pays and deductibles when diagnosed or receiving cancer treatments.

Provides a lump sum benefit for annual cancer screenings, hospital confinement, radiation, chemotherapy, surgical.

LEGAL

MetLaw provides telephone and office consultations for an unlimited number of personal legal matters with an attorney of your choice. Services include Estate Planning Documents, Real Estate Matters, Financial Matters, Document Review, Personal Property Protection and more.

EMERGENCY MEDICAL TRANSPORT

A MASA MTS Membership provides the ultimate peace of mind at an affordable rate for emergency ground and air transportation assistance expenses within the continental United States, Alaska, Hawaii, and while traveling in Canada, regardless of whether the provider is in or out of your group healthcare benefits network. After the group health plan pays its portion, MASA works with providers to make certain our Members have no out-of-pocket expenses for emergency ambulance transportation assistance and other related services. This plan is available to you and your entire family for only \$14 per month



EMPLOYEE ASSISTANCE PROGRAM



If you find yourself in need of some professional support to deal with personal, work, financial or family issues, your Employee Assistance Program (EAP) can help.

Your Employee Assistance Program

You and your immediate family (spouse or domestic partner, dependent children, parents and parents-in-law) can use the EAP for help with:

- Marriage and family problems
- Job-related issues
- Stress, anxiety and depression
- Parent and child relationships
- Legal and financial counseling
- Identity theft counseling
- Financial planning
- Various other related issues

Provided to you at no cost.

If you need help or guidance, call a New Directions Behavioral Health counselor at **800-624-5544** or visit eap.ndbh.com

Enter company login code:

douglas-county

Free, Confidential Service





RETIREMENT



Active Members

KPERS members contribute 6% of gross, federal income.

KPERS 1 – membership date on or before 6/30/2009

KPERS 2 – membership date between 7/1/2009 and 12/30/2014

KPERS 3 – membership date on or after 1/1/2015

KP&F members contribute 7.15% of gross, federal income

KPF Tier 1 – employed before 7/1/89 and did not choose Tier II

KPF Tier 2 – all NEW members are Tier II. You are a Tier II member if you were employed on or after 7/1/89 or before 7/1/89 and chose Tier II coverage.

Service Credits

Service credits represent how long a member has worked. Employees automatically earn “participating” credit for the years they work in a KPERS-covered position. Purchasing additional service credit could help you vest your benefit faster, get more at retirement and possibly retire sooner.

Types of service that KPERS/KPF members can purchase include:

- Withdrawn service – KPERS and KPF members
- Military service – KPERS and KPF members
- Year of service (those hired before 7/1/2009 had a one year waiting period before participating) – KPERS members only
- Out-of-state non-federal public service – KPERS members only
- In-state non-federal public service – KPERS members only

Contact KPERS at 888-275-5737 to see if your past service is eligible. Don't wait. Purchase costs are based on salary and age.

Thinking about retiring?

- Attend a pre-retirement seminar – hosted by KPERS each spring, these free seminars are designed to help you navigate the steps to retirement. Watch for emails/printed materials.
- Find out when you are eligible – know when you'll meet the age and service requirements to help you decide on the best retirement date. Contact KPERS at 888-275-5737 or Michelle Spreer at mspreer@douglascountyks.org / 785-832-5149 to discuss your eligibility.
- Calculate a retirement benefit estimate – you can calculate your own estimate online by logging into your personal account at www.kpers.org/mykpers. You can also complete a Benefit Estimate Request Form (KPERS-15E) and fax directly to KPERS. Contact Michelle Spreer with questions on how to complete the form.



BENEFITS OF ENROLLING IN YOUR KPERES 457 PLAN



Saving through the optional KPERES 457 (deferred compensation) Plan is a simple way to help supplement your KPERES and Social Security benefits. It can help you bridge the gap between your financial goals and your destination in retirement.

It's important to plan for your future — but you don't have to do it alone. You have a trusted companion in KPERES 457. We'll be with you every step of the way.

Good company

There are more than 25,000 participating employees, and together, you have mass purchasing power. This means that costs might be less here than in other investing opportunities.

Traditional pre-tax or Roth after-tax contributions

You can choose to pay taxes on your contributions now or when you take money out, or both. Consider the amount of taxes you might be paying in retirement.

State employees

You have the flexibility to designate all or part of your deferrals as Roth after-tax contributions.

Local employees

Check with your employer to see if the Roth option is available.

A chance to catch up

If you're at least age 50 or three years from normal retirement age, you may be able to make extra contributions.



Investment options

Your KPERs 457 offers a range of professionally screened investment options. If you're seeking an even wider array of investments, you may consider adding the optional self-directed brokerage account, which is intended only for knowledgeable investors who understand the risks and costs of those non-screened investments.

Online Advice

If you would like help managing your account, KPERs 457 offers the Online Advice service from Empower Advisory Group, LLC, a registered investment adviser. This service is designed to help you choose specific investments based on your personal goals and financial situation — at no additional cost to you.

No early withdrawal penalty

The 10% early withdrawal penalty that applies to 401(k) plans and IRAs generally does not apply to distributions from your KPERs 457 account.¹

Real people, real help

Retirement Plan Counselors are located across the State and are available to help you. Meet the counselors at kpers457.org.

Online resources

Take advantage of several innovative resources, tools and calculators on kpers457.org to help you see how much you may need in retirement and how to get there.



Enroll today!

Go to [KPERs457.org](https://kpers457.org)

- ▶ Click the “REGISTER” button.
- ▶ Enter the requested personal data.
- ▶ You will get a message: “We found you!”
- ▶ Follow the on-screen prompts to complete your enrollment and set up your account access.

You can enhance your account security with notifications, e-delivery and more.

Be sure to take a moment to designate a beneficiary for your KPERs 457 account.

¹ Withdrawals may be subject to ordinary income tax. The 10% federal early withdrawal penalty does not apply to deferred compensation plan withdrawals except for withdrawals attributable to rollovers from another type of plan or account.

Investing involves risk, including possible loss of principal.

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ADDITIONAL BENEFITS



Douglas County offers you and your family additional benefits to enhance your benefits package.

PAID LEAVE

VACATION

New employees earn vacation leave at the rate of 4.50 hours per pay period. (Part-time employees earn a pro-rata share of this full-time rate). Accumulated leave figures carry forward from year to year until a maximum of 320 hours is reached. Part-time employees have different maximum hour limits. Increases in vacation accrual rates occur in accordance with the following schedule:

| If your time of service is... | Hours Accrued Per Pay Period |
|-------------------------------|------------------------------|
| 0 – 4 Years | 4.5 |
| 5 – 9 years | 5.0 |
| 10 – 14 years | 6.0 |
| 15+ years | 7.0 |

HOLIDAYS

Ten (10) days are recognized as paid holidays:

- New Year's Day
- Martin Luther King Day
- Memorial Day
- Juneteenth
- 4th of July
- Labor Day
- Veterans Day
- Thanksgiving
- Thanksgiving Friday
- Christmas

CREDIT UNION

Douglas County is affiliated with Midwest Regional Credit Union and MidAmerican Credit Union.

SICK

Employees receive sick leave at the rate of 4.75 hours per pay period. (Part-time employees earn a pro-rata share of this full-time rate.) Sick leave is used for personal illness and may be used to be with immediate family members who are ill. There is no waiting period. Accumulated leave figures carry forward from year to year until a maximum of 1040 hours is reached. An employee who has worked for Douglas County for a minimum of two years is eligible for compensation of 1/3 of accumulated sick leave, up to 240 hours, upon separation.

ATHLETIC CLUB MEMBERSHIP

Douglas County has contracted with several local athletic clubs to offer memberships at reduced rates. Employees sign membership enrollment forms which commit them through the end of the plan year. Membership fees are collected through payroll deduction.



Log In

To make elections, go to:

<http://amerilife.benselect.com/douglas>

The screenshot shows the 'EMPLOYEE LOGIN' section of the 'Welcome to Your Benefits Enrollment!' page. It includes a 'To get started, please log in:' instruction, two input fields for 'USER ID' and 'Personal Identification Number (PIN)', a 'Forgot PIN?' link, and a green 'LOG IN' button. Below the login fields is a 'NEED HELP?' section with instructions on how to obtain a USER ID and PIN, and contact information for the Enrollment Solutions Help Desk at (833) 918-1357.

USER ID = first initial + last name + last 4 digits of SSN (case sensitive)

PIN = last four of SSN + last 2 digits of birth year (no dashes)

For example: John Smith with SSN of 123-45-6789 and DOB of 01/01/1980 would use the following credentials:

USER ID = jsmith6789 **PIN** = 678980

Once you have entered this information, click the “Log In” button to continue. Now you will arrive at the “Welcome” Page! This screen provides a listing of benefits offerings. Click the “Next” button to begin your enrollment.

The screenshot shows the 'Welcome to Your Benefit Enrollment for Plan Year 2021-2022' page. It features a progress bar at the top indicating 'Status (10% Complete)'. The main content area includes a 'Welcome to Your Benefit Enrollment for Plan Year 2021-2022' heading, a paragraph explaining the open enrollment period, and a list of steps for enrollment. A 'Your Benefit Options' box on the right lists various benefit categories with links: Health, Dental, Vision, Guardian Life Accident, Guardian Life Hospital Indemnity, Voluntary Life - Employee, Voluntary Life - Spouse, Voluntary Life - Child, TEA Dues, and 403b Inquiry. A 'Next' button is located at the bottom right of the page.



Personal & Contact Information

The next screen is your Personal Info screen. You are able to change your phone and email; however if you need to make other changes, please contact Human Resources.

Click “Next”.

The screenshot shows the XcelBenefits website interface for the 'Personal Information' section. At the top, there is a navigation bar with 'Home', 'You & Your Family', 'My Benefits', and 'Sign & Submit'. A progress indicator shows 'Status (12% Complete)'. Below the navigation bar, the title 'Personal Information' is displayed. A blue instruction box states: 'Please review your personal information to ensure it is correct and complete. Please correct any errors and click the Next button when you are finished. Optional items are in *italics*.' The form is divided into two main sections: 'Personal Info' and 'Contact Info'.
Personal Info:
- Name: First name 'KRYSTAL', Middle Initial 'M', Last name 'BALL', and a Suffix field.
- Date of Birth: '10/10/1959'
- SSN: '--- -- 6819'
- Gender: Radio buttons for 'Male', 'Female' (selected), and 'Other'.
Contact Info:
- Mailing Address: A checkbox for 'Same as home address' is unchecked. Below it are fields for 'Country' (USA), 'Street', 'Street (cont.)', 'City', 'State', and 'Zip'.
- Home Phone: '(913) 800-5267'
- Work Phone: Fields for area code, number, and extension.
- Mobile Phone: Fields for area code and number.
- Email: 'you@gmail.com'.
At the bottom of the form, there are 'Back' and 'Next' buttons.



Dependent Information

Dependents screen:

- To add dependent information, click the “plus” sign.
- Click “Save” (this will bring you back to the main dependent screen).
- To delete a dependent, click the ‘X’ next to the pencil of the dependent you wish to delete.
- If you need to Edit a dependent’s information, select the pencil to the right side of that dependent.

Click “Next” to move forward.

XcelBenefits Status (12% Complete)

Home You & Your Family My Benefits Sign & Submit Back Next

Dependents

Click Add ("Plus" icon at top right of table) to add your spouse or dependent children. Dependent children may only be covered in a plan if they meet the necessary requirements defined by the plan. Click the Next button when you are finished.

| Name | SSN | DOB | Sex | Relation | Uploads | |
|-----------|----------|------------|-----|----------|---------|-------|
| CAM BALL | ***-7014 | 10/10/1975 | M | Spouse | 0 | + / ✕ |
| BABY BALL | ***-7037 | 1/1/1999 | F | Child | 0 | + / ✕ |

Add a Dependent

If your dependent is not listed above or you would like to add an additional dependent, simply click the *Add Dependent* button below.

+ Add Dependent

Back Next



Employment Information

The next screen is a review of your Employment Information.

Click “Next” to continue and move forward to the actual enrollment screens for your benefits.

Home You & Your Family - My Benefits - Sign & Submit

Employment

Please review and correct your employment information shown here. Optional items are shown in *italics*.
Certain items require additional information from you. These items are highlighted and underlined. Click on the item to correct it, if necessary.
Press *Next* to continue.

Employment Info

| | |
|--------------------|---|
| Date of Hire: | <input type="text" value="2/8/2010"/> |
| Eligibility Date: | <input type="text" value="2/8/2010"/> |
| Location: | <input type="text" value="DEFAULT"/> |
| Department: | <input type="text" value="DEFAULT"/> |
| Job Class: | <input type="text" value="Administrative"/> |
| Title: | <input type="text" value="Supervisor"/> |
| Salary: | <input type="text" value="\$60,000.00"/> |
| Pay group: | <input type="text" value="Default"/> |
| Payroll Frequency: | <input type="text" value="BiWeekly"/> |
| Hours per Week: | <input type="text" value="35.00"/> |

[Back](#)



Enrolling in Benefits

You will now see all of your options for benefit elections. **Any coverages that you are currently enrolled in will show under each benefit!**

Review each benefit by clicking “Review” to learn more and make elections or you can select the “Quick Enroll” options if you wish to keep the same coverage that you currently have.

Once you are satisfied with your elections, click “Next”.

XcelBenefits Status (12% Complete)

Home You & Your Family - My Benefits - Sign & Submit Back Next

Benefit Summary

TURN★KEY
BENEFITS ADVANTAGE

Below is a list of your current benefit elections. For each of the benefit options below, your "Quick Enroll" option is shown. Click the Quick Enroll link to accept on each one, or click "Review" to review your other options.

- Medical** Review
You were previously enrolled in at a cost per pay period of **\$825.00**
You have to complete enrollment in this plan.
- Dental** Quick Enroll Review
You were previously enrolled in at a cost per pay period of **\$51.73**
Based on your group's rules, choosing "Quick Enroll" will waive this benefit.
- Vision** Quick Enroll Review
You were previously enrolled in at a cost per pay period of **\$8.36**
Based on your group's rules, choosing "Quick Enroll" will waive this benefit.
- Basic Group Life** Review
You were previously enrolled in at a cost per pay period of **\$0.00**
You have to complete enrollment in this plan.
- EMPLOYEE VOLUNTARY TERM LIFE and AD&D** Quick Enroll Review
You were previously enrolled in at a cost per pay period of **\$8.00**
Based on your group's rules, choosing "Quick Enroll" will waive this benefit.

My Benefits

- Medical \$0.00
- Dental \$0.00
- Vision \$0.00
- Basic Group Life \$0.00
- EMPLOYEE VOLUNTARY TERM LIFE and AD&D \$0.00
- DEPENDENT VOLUNTARY TERM LIFE and AD&D \$0.00
- MEDICAL REIMBURSEMENT FLEXIBLE SPENDING ACCOUNT \$0.00
- DEPENDENT CARE REIMBURSEMENT ACCOUNT \$0.00
- SHORT TERM DISABILITY \$0.00
- LONG TERM DISABILITY \$0.00
- Guardian Life Cancer - Attained Age \$0.00
- MetLife Group Accident \$0.00
- Chubb LifeTime Benefit Term \$0.00
- Compliance Notice \$0.00

| | |
|----------------------------------|---------------|
| Employer Cost | \$0.00 |
| Pre-tax cost | \$0.00 |
| Post-tax cost | \$0.00 |
| Total Cost Per Pay Period | \$0.00 |



Sample Product Pages

Election Page

1. Link to benefit portal page showing plan details, plan documents and more.
2. Previous coverage.

Health [Disclaimer](#) [Start Over](#)

Health Insurance Helper

To view your Benefits Page [Click Here](#)

If you need enrollment assistance or have product questions, please call 1-855-815-3690 8 AM to 5 PM CST to speak with a Benefits Representative or [send us an email](#)

You were previously enrolled in tier **1** Employee Only with a cost of \$0.00

Please select desired amount of coverage:

| ★ Recommended | | 2 | | |
|---|-----------------------|---|---|--------------------------|
| HDHP | | BASE PLAN PPO | DECLINE COVERAGE | |
| Learn More | | Learn More | You should only decline coverage if you are covered elsewhere. Declining coverage may require you to answer questions about your reasons for declining. | |
| Your Cost: | Per Pay Period | Your Cost: | Your Cost: | |
| <input checked="" type="radio"/> Employee Only: | \$0.00 | <input checked="" type="radio"/> Employee Only: | \$71.04 | |
| <input type="radio"/> Employee + Spouse: | \$672.49 | <input type="radio"/> Employee + Spouse: | \$870.46 | |
| <input type="radio"/> Employee + Children: | \$333.46 | <input type="radio"/> Employee + Children: | \$467.44 | |
| <input type="radio"/> Employee+Family: | \$889.24 | <input type="radio"/> Employee+Family: | \$1,128.12 | |
| <input type="radio"/> Family (dual): | \$333.46 | <input type="radio"/> Family (dual): | \$538.48 | |
| Covered People: | | Covered People: | | |
| TURN KEY | | TURN KEY | | |
| Projected Annual: | \$1,215.60 | Projected Annual: | \$1,860.14 | Your Cost: \$0.00 |
| Enroll | | Enroll | Decline | |

[Back](#) [Compare Plans](#)



Sample Product Pages

Built in education

Accidents happen, and now you and your family can offset the cost of the care and treatment of those injuries with Accident insurance. For just a few dollars a month, voluntary accident insurance purchased at work helps you avoid devastating expenses. Learn why.

Overview **Why Accident** How it Works Disclosure

FINANCIAL SUPPORT TO GET YOU BACK ON YOUR FEET

- No matter what kind of medical coverage you have, you will have out-of-pocket costs that could really set you back financially.
- Guardian® pays you cash benefits based on covered injuries, treatments and services.
- Payments go directly to you, and can help you pay for expenses, like traveling to the hospital, childcare and lost income from missed work.
- Child Organized Sport benefit pays you an extra 20% cash benefit for each accident when the dependent child is injured while playing an organized sport*.

*The child must be insured by the plan on the date the accident occurred and must be age 18 years or younger. Proof of registration required at time of claim.

For more detailed plan information, please see the [Accident Benefit Summary](#) document

Suggestions based on elections

Other Suggestions

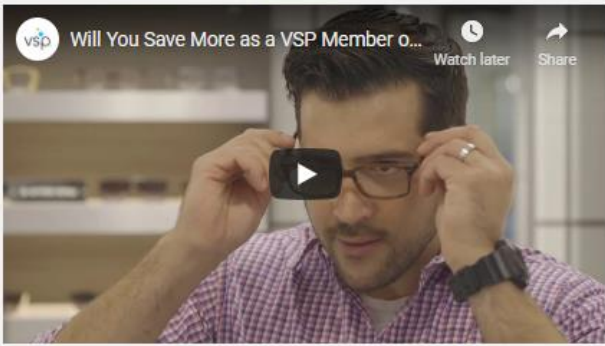
Your employer is also offering these coverages, which other people have found useful. Click each recommendation to learn more.



A dark blue rectangular card with the Guardian logo at the top left. Below the logo, the text "Hospital Indemnity Insurance" is written in white, stacked vertically. A small white square icon is in the top right corner.

Embedded videos

Want help deciding on a plan? Try: **ALEX**



A video player interface showing a man in a checkered shirt adjusting his glasses. The video title is "Will You Save More as a VSP Member o...". The VSP logo is in the top left corner. In the top right corner, there are icons for "Watch later" and "Share". A play button is centered over the video.




Sign & Submit

Once you have either enrolled in or waived each of the benefits you will need to **Sign and Submit**. Enrollment will not be complete until it's Signed and Submitted.

Please take time to review your elections to ensure accuracy and click "Next".

If you need to make a product change, select the applicable product by clicking on the product link in blue.



Status (93% Complete)

Home You & Your Family - My Benefits - Sign & Submit
Next

Sign and Submit

Here is a recap of your enrollment elections. The summary below shows your election for each benefit and includes your pre-tax and post-tax contributions per pay period for each plan.

- Are You Satisfied With Your Elections? If you are satisfied with your choices, click on the "NEXT" button at the bottom of this screen to sign your Enrollment Verification Form electronically using your PIN.
- Need to Make Some Changes? If you wish to make any changes to your elections, click on the benefit plan name in the menu at the left.

Your Benefits

| Plan | Description | Pretax Cost | Posttax Cost | Employer Paid |
|---|-----------------------|-------------|--------------|---------------|
| Medical | Waived | | | |
| Dental | Waived | | | |
| Vision | Waived | | | |
| Basic Group Life | \$10,000 | \$0.00 | \$0.00 | \$2.25 |
| EMPLOYEE VOLUNTARY TERM LIFE and AD&D | Waived | | | |
| DEPENDENT VOLUNTARY TERM LIFE and AD&D | N/A | | | |
| MEDICAL REIMBURSEMENT FLEXIBLE SPENDING ACCOUNT | Waived | | | |
| DEPENDENT CARE REIMBURSEMENT ACCOUNT | Waived | | | |
| SHORT TERM DISABILITY | Waived | | | |
| LONG TERM DISABILITY | Waived | | | |
| Guardian Life Cancer | Waived | | | |
| MetLife Group Critical Illness - Attained Age | Waived | | | |
| MetLife Group Accident | Waived | | | |
| Chubb LifeTime Benefit Term | Waived | | | |
| Compliance Notice | Compliance Notice; EO | \$0.00 | \$0.00 | \$0.00 |
| Total | | \$0.00 | \$0.00 | \$2.25 |

Signatures Required

To complete your enrollment, you must sign the following forms. Press Next to begin signing forms.

| Form Name | Status | Date Signed/Reviewed |
|---|----------|----------------------|
| <input checked="" type="checkbox"/> Enrollment Confirmation | Unsigned | |

Next

Review & Sign Forms

- Enter your PIN in order to electronically sign any necessary documents.
- Your PIN is the last four of your social security number + the last 2 digits of your birth year.
- Click on the green ‘Sign Form’ box.

Benefit Confirmation / Deduction Authorization

| | | | | | |
|--------------------|-----------------------|----------------------|-------------------------|-------------------|--|
| Name | | Date of Birth | Home Phone | Work Phone | Address 123 Test Rd Test City, MS 39204 |
| TURN KEY | | 1/6/1953 | (913) 800-5265 | | |
| Employee ID | Hire/Elig Date | Gender | Location | | |
| 0 | 1/20/2020 | M | District Administration | | |

| Benefit Plan | Option | Cvg | Ded Cycle | Effective Date | Benefit Amount | Requested | | Employee Cost | | Employer Cost |
|----------------------------------|--------------------------------|-----|-----------|----------------|----------------|-----------|------|---------------|-----------|---------------|
| | | | | | | Benefit | Cost | Pre-tax | After-tax | |
| Health | Waived | | | | | | | | | |
| Dental | Dental Buy-Up Plan | EC | 12 | 4/1/2021 | | | | 0.00 | 0.00 | 56.46 |
| Vision | Waived | | | | | | | | | |
| Guardian Life Accident | Guardian Life Accident - Value | EO | 12 | 4/1/2021 | | | | 0.00 | 12.53 | 0.00 |
| Guardian Life Hospital Indemnity | Waived | | | | | | | | | |
| Voluntary Life - Employee | Waived | | | | | | | | | |
| Voluntary Life - Child | Waived | | | | | | | | | |
| TEA Dues | Waived | | | | | | | | | |
| 403b Inquiry | 403B Retirement Plan | EO | 12 | 4/1/2021 | | | | 0.00 | 0.00 | 0.01 |
| Total: | | | | | | | | 0.00 | 12.53 | 56.47 |

1 of 2

rev. 11-08-2018

Page 1 [Download Form](#)

Please enter your PIN below and click on "SIGN FORM" to complete your enrollment and submit your elections. By entering your PIN, you are electronically signing the **Benefit Verification/Deduction Confirmation Form** above. Please review it carefully before entering your PIN.

PIN:

Sign Form





You have completed your enrollment once you see the following screen and you can now “Logout” of the system.

XcelBenefits Status (100% Complete) **AMERILIFE BENEFITS**

Home You & Your Family My Benefits Sign & Submit Logout

Sign/Submit Complete

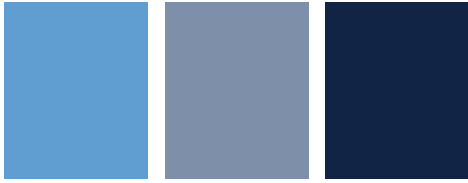
Congratulations!
Your enrollment is now complete. You may log-in to the system at any time during the year to review your benefit elections.

Recap of Your Elections
Listed below is a recap of your elections including who is covered under each benefit plan and your named beneficiaries. Scroll down to the bottom of this screen to view a list of your completed enrollment forms.

- Medical**
You have elected to WAIVE coverage under this plan.
- Dental**
You have elected to WAIVE coverage under this plan.
- Vision**
You have elected to WAIVE coverage under this plan.
- Basic Group Life**
Enrollment Details



GLOSSARY



Understand the medical terms that are used in your plan.

Brand Name Drugs: Drugs that have trade names and are protected by patents. Brand name drugs are generally the most costly choice.

Coinsurance: The percentage of a covered charge paid by the plan.

Copayment (Copay): A flat dollar amount you pay for medical or prescription drug services regardless of the actual amount charged by your doctor or health care provider.

Deductible: The annual amount you and your family must pay each year before the plan pays benefits.

Generic Drugs: Generic drugs are less expensive versions of brand name drugs that have the same intended use, dosage, effects, risks, safety and strength. The strength and purity of generic medications are strictly regulated by the Federal Food and Drug Administration.

In-Network: Use of a health care provider that participates in the plan's network. When you use providers in the network, you lower your out-of-pocket expenses because the plan pays a higher percentage of covered expenses.

Out-of-Network: Use of a health care provider that does not participate in a plan's network.

Inpatient: Services provided to an individual during an overnight hospital stay.

Outpatient: Services provided to an individual at a hospital facility without an overnight hospital stay.

Out-of-Pocket Maximum: The maximum amount you and your family must pay for eligible expenses each plan year. Once your expenses reach the out-of-pocket maximum, the plan pays benefits at 100% of eligible expenses for the remainder of the year.

Preventive Services: Routine healthcare that includes screenings, checkups, and patient counseling (such as mammograms, colonoscopies, routine physicals and routine lab work) to prevent illnesses, disease or other health problems.

Primary Care Physician (PCP): Physician (generally a family practitioner, internist or pediatrician) who provides ongoing medical care. A primary care physician treats a wide variety of health-related conditions and refers patients to specialists as necessary.

Specialist: A physician who has specialized training in a particular branch of medicine (e.g., a surgeon, OB-GYN, gastroenterologist or neurologist).



CONTACTS



| PLAN | PROVIDER | PHONE NUMBER | WEBSITE |
|---|-------------------------|--------------|--|
| Medical – Claims Processing/Explanation of Benefits (EOB's) | Trustmark | 800-990-9058 | www.myTrustmarkBenefits.com |
| PPO/HRA Network/Cigna | Cigna ChoiceFund | 800-832-3332 | www.cigna.com |
| Prescription Coverage | Elixir (fka MedTrakRx) | 800-771-4648 | www.elixirsolutions.com |
| First StopHealth Telemedicine | First StopHealth | 888-691-7867 | www.firststophealth.com |
| Dental Coverage | Delta Dental Off Kansas | 800-733-5823 | www.deltadentalks.com |
| Voluntary Vision Coverage | VSP | 800-877-7195 | www.vsp.com |
| Flexible Spending | FlexMadeEasy | 855-615-3679 | www.flexmadeeasy.com |

